

## **First Aid**

### **STATEMENT OF PURPOSE:**

School employees are responsible for the appropriate handling of first aid and emergency situations as they arise during the school day and during school sponsored activities.

### **AUTHORIZATION/LEGAL REFERENCE:**

12 V.S.A. Chapter 23 § 519 -Emergency Care

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=12&Chapter=023&Section=00519>

18 V.S.A. Chapter 17 – Emergency Medical Services

<http://www.leg.state.vt.us/statutes/sections.cfm?Title=18&Chapter=017>

Vermont School Quality Standards, Section 2120.8.1.3.3

[http://education.vermont.gov/new/html/board/rules\\_fulltoc.html](http://education.vermont.gov/new/html/board/rules_fulltoc.html)

### **REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:**

- Maintain certification in CPR and First Aid
- Provide first aid to students as necessary.
- Document visits to the health room in the individual student's health record and/or visit sheet. (See documentation section)
- Support the Administration in the schools incident report policy and procedures

### **SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLE:**

- Maintain appropriate health office first aid supplies and portable first aid supplies
- Educate staff, as appropriate, in use of Individual Health Plans (IHP) and universal precautions.
- Maintain current phone number and emergency contact information for each student.
- Encourage ongoing communication between parent/guardian, medical home and school nurse regarding recuperative periods, details for re-admission to school and follow-up Care.
- Create Field Trip Health Care Plans for students with life threatening conditions, Orient and train appropriate staff to these care plans.

**RESOURCES:**

American Red Cross - <http://www.redcross.org/>

American heart Association - <http://www.americanheart.org/presenter.jhtml?identifier=1200000>

American School Health Association <http://www.ashaweb.org>

Dental First Aid - [http://smilevt.org/pdf/topic/Dental\\_First\\_Aid](http://smilevt.org/pdf/topic/Dental_First_Aid)

National Association of School Nurses <http://www.nasn.org>

Vermont State School Nurses Association <http://www.vssna.org>

**SAMPLE POLICIES, PROCEDURES, AND FORMS:**

- Accident Report Form

School District: \_\_\_\_\_

School: \_\_\_\_\_

**To be filled in at the time of the accident by the person caring for the injured**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student/employee name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Activity student/employee was engaged in (be specific): \_\_\_\_\_

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Staff on Duty: \_\_\_\_\_

Complete description of accident: \_\_\_\_\_

Assessment of injury (body, degree of injury, functional effect) \_\_\_\_\_

Initial Treatment of injury: \_\_\_\_\_

By Whom: \_\_\_\_\_

Disposition: \_\_\_\_\_

Was the injured transported to a medical facility? \_\_\_\_\_

Was school nurse present and/or notified? Yes \_\_\_\_\_ No \_\_\_\_\_ by Whom \_\_\_\_\_

Were parents notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ by Whom \_\_\_\_\_

Follow up/outcome of the injury \_\_\_\_\_

Were there any safety hazards that may have precipitated the accident? \_\_\_\_\_

Has that been addressed with appropriate personnel? \_\_\_\_\_ Who \_\_\_\_\_

Signature of person preparing report: \_\_\_\_\_

Signature of school Nurse: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

